

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

9/203894

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I						51						
2		I					52						
3		I					53						
4		I					54						
5		I					55						
6	X	X					56						
7		I					57						
8		I					58						
9	Z						59						
10							60						
11							61						
12							62						
13		I					63						
14	I						64						
15	I						65						
16		I					66						
17		I					67						
18		I					68						
19		I					69						
20	X	X					70						
21		I					71						
22		I					72						
23							73						
24	Z						74						
25							75						
26		I					76						
27		I					77						
28	I						78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL CLAIMS	19						TOTAL CLAIMS						